

103 CMR: DEPARTMENT OF CORRECTION

103 CMR 505.00: USE OF FORCE

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505.01: Purpose

The purpose of 103 CMR 505.00 is to establish rules and procedures, governing the use of force by Department of Correction (Department) employees.

505.02: Cancellation

103 CMR 505.00 cancels all previous Department policy statements, bulletins, directives, orders, notices, or regulations on the use of force, to the extent they are inconsistent with 103 CMR 505.00.

505.03: Applicability

103 CMR 505.00 is applicable to all employees of the Department, provided, however, that 103 CMR 505.11 shall not apply when instruments of restraint are applied to inmates that have been admitted or committed to the Bridgewater State Hospital under the provisions of M.G.L. c.123. It shall apply when instruments of restraint are applied to those inmates who have been placed at the Bridgewater State Hospital via the classification process for the purpose of assignment to the permanent inmate workforce. Provided, further, that 103 CMR 505.00 shall not apply to employees of the Department when restraints are applied to inmates housed at the Lemuel Shattuck Hospital.

505.04: Access to Regulations

Copies of 103 CMR 505.00 shall be posted and maintained in prominent places accessible to all employees and inmates. A copy shall be given to each employee at the time of initial orientation. A copy shall be kept on file in the institution's central policy file, inmate law library, and in the Central Office policy file.

505.05: Definitions

Ammunition. The projectile(s), along with the casing and primer that can be fired from a firearm.

505.05: Continued

Business Hours. Monday through Friday, 9:00 a.m. to 5:00 p.m. excluding holidays.

Chemical Agents. Device or instrument that contains or emits a liquid, powder, or any other substance designed to incapacitate. This includes, but is not limited to, tear gas cartridges and self-contained sprays.

Commissioner. The Commissioner of the Department of Correction.

Department. The Department of Correction.

Department Duty Officer Station. Designated site that assists the processing of information for the Duty Officer System.

Deputy Commissioner of Administrative Services. One of three Department Deputy Commissioners whose duties include, but are not limited to the management of the Special Operations Division. For the purposes of 103 CMR 505.000, the Deputy Commissioner acts as the Tactical Operations Commander and is in the chain of command during the review process of all tactical uses of force.

Deputy Commissioner of the Prison Division. One of three Deputy Commissioners of the Department of Correction. The Deputy Commissioner is in charge of all facility operations as well as the Central Transportation Unit, Inmate Disciplinary Unit, Office of Investigative Services and Prison Rape Elimination Act (PREA).

Director, Special Operations Division. The Department staff person responsible for the daily operations of the Special Operations Division of the Department of Correction.

Director, Health Services. The staff person charged with the administration of the Health Services Division of the Department of Correction.

Emergency. Any situation where the failure of an individual to take immediate action would place that individual or another at imminent risk of death or serious bodily injury.

Employee. An employee of the Department of Correction. For the purposes of 103 CMR 505.00 only, employee shall also refer to individuals paid for services performed within a correctional institution for or through a contracted service or agency.

Excessive Force. Force applied that exceeds reasonable force, or force which was reasonable at the time its use began but was used beyond the need for its application.

Firearm. A pistol, revolver, or other weapon of any description, loaded or unloaded, from which ammunition can be fired.

Force. The use of physical power. The use of a weapon, a chemical agent, specialty impact device or instrument of restraint to compel, restrain, or otherwise subdue a person.

Four. Point Restraint - Any combination of instruments of restraint such that the four limbs of an inmate are restrained at any one time, in any manner, to a fixed object.

Institution Duty Officer. The staff person assigned the duties as institution duty officer by the superintendent.

Instruments of Restraint. Equipment authorized for use during the transportation of inmates to prevent escape, or to prevent injury to self, others or property. Instruments of restraint shall include, but not be limited to: handcuffs, waist chains, leg restraints, soft restraints, flexible restraints or any other device or equipment authorized by the Commissioner.

Medical Director. Physician designated by the Contractual Medical Provider as responsible for health services and medical judgments at each Department institution.

505.05: continued

Office of Investigative Services/Apprehension Unit. The unit of the Department of Correction that conducts investigations at the direction of the Deputy Commissioner of the Prison Division, and is responsible for the apprehension of escaped inmates.

Reasonable Force. The use of physical power, a weapon, a chemical agent, specialty impact device, or instrument of restraint applying the least amount of force necessary in a manner to carry out the actions listed in 505.07(2) (a) through (j).

Serious Bodily Injury. Any injury which creates a substantial risk of death or any injury which is likely to cause serious permanent disfigurement, or the loss or extended impairment of any limb, organ or other part of the body.

Shift Commander. The staff member responsible for the supervision of all security staff during a given tour of duty, ensuring that said staff maintain the safety and security of the institution, and provide for the care and custody of all inmates housed within the institution, in accordance with all Department policy statements, bulletins, directives, orders, notices, rules or regulations. The shift commander may also be responsible for institutional operations during the absence of higher ranking staff.

Specialty Impact Device. Any device or munitions authorized by the Commissioner designed to deliver enough energy to cause sufficient discomfort in order to gain voluntary compliance, mental distraction, or temporary incapacitation.

Special Unit Director. The administrative head of the following units:

- (a) The Office of Investigative Services
- (b) The Department Staff Development Division;
- (c) The Department Central Transportation Unit; and
- (d) The Special Operations Division.

Superintendent. The chief administrative officer of a Department of Correction institution.

Visitor (Inmate). Any person requesting entrance into a correctional institution's visiting room or other approved visiting area for the sole purpose of conducting a social visit with an inmate incarcerated within any state correctional institution.

Visitor (Institutional). Any person requesting entrance into a correctional institution to conduct official business such as, but not limited to: contractors; vendors; repairmen; facility tours; media; volunteers; and persons wishing to provide services to inmates or to examine or report on inmates' conditions.

#### 505.06 Philosophy

It is the Department's philosophy to train staff to use only the amount of force necessary to: gain control of an inmate; to protect and ensure the safety of all inmates, staff and others; to prevent significant property damage; and, to ensure institution safety, security and good order. Force shall never be used as a form of punishment. Staff shall also be trained in methods of de-escalating a conflict whenever feasible, and instructed that force shall only be used as a last resort in resolving any conflict. By using de-escalation techniques the Department recognizes that safer alternatives to force are sometimes available, which shall prevent injuries to staff and inmates. Moreover, the Department recognizes that de-escalation does not compromise staffs' authority over inmates; rather, it allows staff to deal with the disruption on their terms.

#### 505.07 Use of Force

(1) A use of force occurs whenever staff physically imposes their will on an inmate. If an inmate voluntarily complies with an order to be restrained, including placement in four point restraints, a use of force has not occurred and should not be reported as such.

- (2) An employee may use reasonable force when it is necessary to:
  - (a) prevent the commission of a felony, including escape;
  - (b) prevent an act which could result in death or serious bodily injury to himself/herself or another person;
  - (c) defend himself/herself or another against a physical assault;
  - (d) prevent significant damage to property;
  - (e) prevent or control a riot or disturbance;
  - (f) move an inmate who has refused a proper order by an employee;
  - (g) apprehend an escaped inmate;
  - (h) conduct the search of an inmate who has refused a proper order by an employee to submit to said search;
  - (i) preserve the overall order and security of the institution; and
  - (j) preserve the safety of any employee, inmate, or visitor.
- (3) There are two types of use of force, spontaneous and planned.
  - (a) A spontaneous use of force occurs whenever there is an immediate need to control or restrain a person for the protection and safety of all concerned, *e.g.* when the inmate is participating in self harm, for self-defense or the protection of another who is at risk of imminent harm, to prevent an escape, or to prevent property damage which compromises institution safety.

When a spontaneous use of force occurs, staff may defend themselves using a number of techniques illustrated by a Pyramid of Force (Standard Operating Procedure available at <http://www.mass.gov/doc/policy>, and at each inmate library attached to 103 CMR 505.00: *Use of Force*).
  - (b) A planned use of force occurs when the level of threat by the inmate is not immediate, *e.g.*, refusal to be put in restraints and exit a cell, threatening behavior, possession of a weapon, and property damage. There is time to activate a team, suit up in full extraction gear, and brief team members on strategy to be used. Every attempt should be made to diffuse the situation prior to a planned use of force.
  - (c) Whenever possible, any staff member involved in a spontaneous or planned use of force that results in injury to the staff member shall remove himself/herself from the situation as soon as possible. It is the responsibility of the team leader or any supervisory personnel to remove a staff member from continued involvement in a use of force when that staff member has been injured, whenever possible.
- (4) Prior to using force, to the extent that it is practicable, staff shall attempt to de-escalate the situation in hopes of eliminating the need for force.
- (5) Whenever a disruptive inmate's inability to communicate in English hinders attempts to de-escalate the conflict, if at all possible, a staff person fluent in the language of the inmate should be utilized.

#### 505.08 Prohibitions on the Use of Force

- (1) An employee shall not use or permit the use of excessive force. It is the responsibility of an employee who witnesses an excessive use of force to report any such force to a supervisor.
- (2) An employee shall not use or permit the use of force as punishment or discipline.

#### 505.09 Emergency Entry of Cell Procedure

The following procedures are to be utilized for an emergency entrance of a cell within a special management unit, or any other unit as deemed appropriate by a superintendent, when time is of the essence, due to a medical or other emergency. These emergencies consist of an inmate who appears to be in distress within a cell and/or when an inmate is physically harming himself/herself.

- (1) An Emergency Response shall be initiated.

- (2) Evaluate the cell and the condition of the inmate.
- (3) If the window of the cell door is covered, make an effort to see in the cell, using any technology available.
- (4) In order to determine whether it is safe to enter the cell, staff on site shall report to supervisory staff their observations of all available information, including but not limited to the presence of a visible weapon. The shift commander shall make the final decision to conduct an emergency entry into the cell.
- (5) When the decision to enter a cell has been made by the shift commander, there shall be at least three staff members present when the door opens. One of these staff members shall be of supervising rank, if possible.
- (6) Each institution shall place intervention carts throughout the facility. The superintendent or designee shall determine the location of the intervention carts, taking into consideration where uses of force are most likely to occur. Each intervention cart shall include a minimum amount of extraction equipment, including a poly captor shield, three vests, three pair of gloves and three helmets. During an emergency entrance of cell procedure, if staff members are unable to suit up in extraction equipment, they may utilize any equipment contained in the intervention cart. A shield shall be utilized during an emergency entrance of cell procedure, if possible.
- (7) In an effort to maintain safety, staff shall proceed with extreme caution when conducting an emergency entry of a cell, especially when there is a visible weapon.

505.10 Requirements Governing the Use of Chemical Agents

- (1) Only those chemical agents approved in writing by the Commissioner are authorized for use.
- (2) Chemical agents shall not be used in state institutions without the prior authorization of the superintendent, or in the absence of the superintendent, a designee. Where the timely authorization of the superintendent or designee cannot be obtained and the failure of an employee to act would constitute a risk to the employee, inmates or others; the shift commander shall have the authorization to approve the use of chemical agents. All authorizations noted in 103 CMR 505.10(2) shall be documented in writing after the incident and within the time limits of 103 CMR 505.13 (1).
- (3) When time and circumstances permit, before the use of chemical agents, the Medical Director or designee, shall review the inmate's medical file to determine if any medical contraindications exist in using chemical agents. After the review, the Medical Director shall complete and sign the "Use of Chemical Agents" form (available at <http://www.mass.gov/doc/policy> and at each inmate library attached to 103 CMR 505.00: *Use of Force*). Inmates in adjacent cells shall also be checked for contraindications. If necessary, the inmate(s) shall be moved to a non-affected area before chemical agents are used unless an emergency exists requiring the immediate use of chemical agents.
- (4) Chemical agents shall not be used as punishment.
- (5) Chemical agents shall only be used by employees trained and certified in their proper use, and only after a clear verbal warning has been conveyed to the inmate that he/she needs to comply with the order, unless an emergency exists that requires the immediate application of chemical agents to prevent injury to staff or inmates or property damage which may compromise institutional safety.
- (6) Chemical agents shall only be used following the manufacturer's recommendations and in compliance with the training program plan as approved by the Commissioner.
- (7) Decontamination of contaminated areas(s) shall be in accordance with the manufacturer's recommendations and in compliance with the training program plan as approved by the Commissioner.

505.10: continued

- (8) The use of chemical agents shall be considered a use of force. The reporting requirements of 103 CMR 505.13 shall be followed.
- (9) Following the application of chemical agents, the Deputy Commissioner of the Prison Division or a designee shall be notified by normally acceptable means of communication as soon as possible.

505.11 Requirements Governing the Use of Instruments of Restraint

- (1) Only instruments of restraint approved by the Commissioner and issued by the Department shall be used. Gags are not authorized as instruments of restraint and their use is a violation of 103 CMR 505.00.
- (2) Instruments of restraint shall not be used as punishment.
- (3) The following uses of instruments of restraint shall not be considered to be a use of force:
  - (a) during the transportation of inmates;
  - (b) routine movement of inmates from one point to another within a correctional institution;
  - and;
  - (c) application of restraints, including four point restraints, on an inmate who voluntarily complies with being restrained. Although a use of force has not occurred if an inmate voluntarily complied with a directive to be restrained, the superintendent must document each instance by utilizing the Use of Force Four Point Restraint Checklist, the Four Point Restraint Medical Examination Checklist, the Observation Check Sheet as well as the Mental Health Review, each is available at <http://www.mass.gov/doc/policy>, and at each inmate library attached to 103 CMR 505.00: *Use of Force*.
- (4) Except as described in 103 CMR 505.11 (3) (a) and (b), instruments of restraint shall only be used when all other reasonable methods of control have been considered and deemed inappropriate. The shift commander may authorize the use of restraint for up to two hours, but must contact the superintendent, or in the absence of the superintendent, a designee, by normally accepted means of communication as soon as possible to gain documented approval for continued use of instruments of restraint beyond two hours. In all other cases, the superintendent, or in the absence of the superintendent, a designee, must authorize the use of restraints prior to their application. This includes inmates who voluntarily comply with orders to be restrained.
- (5) Instruments of restraint shall only be used by employees trained in their proper use. Such training shall be documented.
- (6) Instruments of restraint used for purposes other than as described in 103 CMR 505.11 (3)(a) and (b) shall only be used until the restrained inmate has exhibited through actions or statements that he/she will not resume the conduct which resulted in the decision to use instruments of restraint. This includes inmates who voluntarily comply with being restrained. In no event shall an inmate be restrained beyond an eight hour period without the documented review by a member of the mental health staff. This also includes inmates who willingly agreed to be restrained. Such a review shall occur at the end of each eight hour period. The superintendent shall notify the appropriate Assistant Deputy Commissioner immediately if an inmate is to be restrained longer than eight hours.
- (7) All restrained inmates, except those restrained under 103 CMR 505.11 (3) (a) and (b), shall be examined by a member of the Institution's medical staff at regular and frequent intervals. Except in unusual circumstances, intervals shall not be greater than two hours in duration. Any examination pursuant to this section shall be documented. This does not include inmates restrained at the Lemuel Shattuck Hospital Outpatient Department for medical treatment.
- (8) At no time shall an inmate under restraint be out of the constant visual observation of staff.

505.11: continued

(9) The application of instruments of restraint shall be such that it provides the least amount of physical restraint necessary for the situation. This may include the use of handcuffs, waist chain or leg restraints, separately or in combination.

(10) At no time shall handcuffs or waist chains be connected together with leg restraints.

(11) If four-point restraints are authorized by the superintendent, or a designee, or the shift commander as allowed by 505.11(4), the appropriate Assistant Deputy Commissioner shall be notified immediately. In those instances where the use of four-point restraints have been ordered as medically necessary by a member of the medical or mental health staff, the Director of Mental Health Services, or a designee, shall be notified during business hours. Such notifications shall be made within two hours of an inmate being placed in four-point restraints, be documented, and shall include but not be limited to:

- (a) inmate's name and commitment number;
- (b) reason for placing the inmate in four-point restraint;
- (c) time placed in restraints;
- (d) what other actions were taken or considered before placing the inmate in four-point restraints; and
- (e) four-point restraints are being used in cases involving self-mutilation or attempted self-mutilation, the expected time of examination by mental health staff.

(12) The use of instruments of restraint except when used as described in 103 CMR 505.11 (3) (a) and (b), is a use of force and the reporting requirements of 103 CMR 505.13 shall be adhered to.

505.12 Requirements Governing the Use of Firearms

(1) An employee qualified to use a firearm may use a firearm only as a last resort when all other means have been attempted or it is reasonable to believe that they would be ineffective, and only in the following situations:

- (a) to prevent an act which is likely to create an imminent risk of death or serious bodily injury to the employee or another person.
- (b) to prevent an escape of an inmate whom the employee reasonably believes to be a convicted felon and the use of force does not pose a risk of harm to innocent persons.
- (c) to carry out the arrest of an escaped inmate on a charge of escape as defined by M.G.L. c. 268, §. 16, but only if:
  - 1. the employee holds a valid special state police commission pursuant to M.G.L. 127, §. 127;
  - 2. the employee reasonably believes that the use of firearms creates no substantial risk of injury to innocent persons; and,
  - 3. the employee reasonably believes that there is substantial risk that the escaped inmate will cause death or serious bodily injury if the apprehension is delayed.

(2) Firearms shall not be used without the prior authorization of the Commissioner, or a designee; the superintendent, or a designee; the special unit director, or a designee; unless an emergency exists requiring the immediate use of firearms.

(3) There may be rare situations where an employee will have to use a firearm without prior authorization. In this situation, the employee should notify the superintendent, special unit director, or a designee immediately afterwards using the quickest mode of communication available. The superintendent, special unit director, or a designee shall then immediately notify the appropriate Assistant Deputy Commissioner and the Deputy Commissioner of the Prison Division via the fastest means available. Any such use of a firearm shall be strictly reviewed to determine if:

- (a) it was not possible to get timely authorization; and,
- (b) it was reasonable for the employee to believe that an emergency existed requiring the immediate use of a firearm to prevent death, serious bodily injury or escape of a convicted felon as described in 103 CMR 505.12 (1) (B).

505.12: continued

(4) Anyone who is injured as a result of the discharge of a firearm shall receive immediate medical care. Such care shall be documented.

(5) Except in emergency situations, firearms are prohibited in minimum and pre-release institutions. Firearms shall not be used to prevent escapes from minimum or pre-release institutions. Nor shall firearms be used to prevent escapes of individuals recognized and known to be a civil commitment to the Bridgewater State Hospital, the Treatment Center at the Bridgewater Complex, the Massachusetts Alcohol and Substance Abuse Center, or detainees committed to MCI-Framingham under pre-trial or civil commitment status, except when necessary to prevent an act which is likely to create an imminent risk of death or serious bodily injury to the employee or another person.

505.13 Reporting Requirements for the Use of Force

(1) After an employee uses force, the superintendent, or a designee, or the special unit director, or a designee shall be notified immediately. In addition, the employee as soon as possible, and in no event later than the end of the employee's tour of duty, unless otherwise authorized by the superintendent or Special Unit Director, shall submit a written report to the superintendent, or the Special Unit Director.

The report shall include:

- (a) An accounting of the events leading up to the use of force;
- (b) A precise description of the incident and the reasons for employing force;
- (c) A description of the type of force used, and how it was used;
- (d) A description of the injuries suffered, if any, and the treatment given, if known, along with attached photographs, if any, and;
- (e) A list of all participants and witnesses to the incident who are known by the reporting officer.

(2) The superintendent or Special Unit Director shall also require a written report containing matters listed in 505.13(1) (a) through (e), from any employee who witnessed the use of force.

(3) All use of force incidents as well as any corresponding videotapes shall be reviewed by the superintendent or a special unit director or designee within five business days. The designee for the superintendent shall be either a Deputy Superintendent or Director of Security. If there is an injury to staff or inmate during a use of force, any corresponding tape should be reviewed by the superintendent or designee within two business days. This process shall include a review by the superintendent or a special unit director of all video/audio tapes, and the completed written reports. Any inappropriate behavior discovered during this review shall be reported immediately to the respective Assistant Deputy Commissioner and documented. In the case of a special unit director, the matter shall be referred to his/her supervisor. An intake for a formal investigation shall be submitted through the Office of Investigative Services if this review documents any serious staff misconduct. In the event of a spontaneous use of force, the superintendent shall insure that any corresponding video recordings of the event be downloaded by Inner Perimeter Security personnel by the end of the respective shift.

(4) Whenever the death of an inmate occurs as a result of a use of force, the superintendent or special unit director shall immediately notify the Commissioner through the quickest mode of communication available and the District Attorney's Office responsible for the institution or location where the death occurred.



#### 505.13: Continued

(5) A copy of the report described in 103 CMR 505.13 (1), and a completed Use of Force Reporting form 505-1 (available at <http://www.mass.gov/doc/policy>, and at each inmate library attached to 103 CMR 505.00: *Use of Force*) shall be submitted to the Director of the Special Operations Division, by the superintendent or special unit director within 20 business days from the time of the incident. In addition, the superintendent shall include a cover letter to the Director of Special Operations Division with a brief description of the use of force, along with any findings and corrective action he/she has taken. In the case where the staff reporting to the Director of Special Operations is involved with reporting a use of force, the package shall be submitted to the Deputy Commissioner of Administration. In the event additional time is required, the superintendent or Special Unit Director shall seek written approval from the Commissioner. The request to the Commissioner for additional time shall state the reason(s) for the delay and the expected time of completion. The Director of the Special Operations Division shall review the reports and may request additional information or may submit an intake to the Office of Investigative Services for official investigation.

(6) The Director of the Special Operations Division shall conduct an analysis of all uses of force, which occur within the Department. Each quarter the Director of the Special Operations Division shall submit written findings to the Commissioner, detailing the number of uses of force conducted, as well as a synopsis of established performance measures.

#### 505.14 Debriefing

(1) The shift commander and the team leader should schedule a debriefing for all staff members involved in the use of force by the end of the shift, including the intervention specialist. If this is not possible, the superintendent should make every effort to assemble those involved in the use of force for some method of debriefing as soon as possible.

(2) After staff members involved in a planned or spontaneous use of force have written their reports, as part of a debriefing, they shall have the opportunity to review the videotape with the shift commander and/or team leader in order to critique their performance.

If information is learned from reviewing the videotape that was not included in a report, an addendum to the report shall be written and submitted.

(3) A summary of the debriefing, with any corresponding recommendations of corrective action (if applicable), including training, should be submitted to the superintendent by the shift commander within 48 hours of the debriefing. This information shall be included in the submission of the Use of Force Reporting form 505-1 (available at <http://www.mass.gov/doc/policy>, and at each inmate library attached to the 103 CMR 505.00: *Use of Force*).

#### 505.15 Medical Treatment

(1) Medical staff shall examine any inmate involved in a use of force as soon as possible. This examination and any treatment performed shall be documented.

(2) Any person injured during a use of force shall be examined as soon as possible by a medical staff member. Such care or treatment shall be documented.

(3) Any inmate refusals of medical examinations or treatment shall be made directly to medical staff and documented by medical staff.

#### 505.16 Sanctions for Violation of 103 CMR 505.00

Any employee who violates or permits the violation of 103 CMR 505.00 or who fails to report any violation or suspected violation of 103 CMR 505.00 shall be subject to disciplinary action up to and including termination.

#### 505.17 Training in the Use of Force

The Department shall provide all employees charged with the care and custody of inmates with standardized training in approved methods of using physical force, de-escalation techniques, instruments of restraint, chemical agents, and firearms to control inmates where necessary. In addition, each superintendent shall identify staff members from each shift, who shall also receive standardized training in the area of video recording. Any of the above-mentioned training received shall be documented in each employee's permanent training file.

#### 505.18 Data Collection and Tracking

All uses of force occurring throughout the Department of Correction shall be entered into the Use of Force Database. The information shall be tracked to ensure compliance with 103 CMR 505.00 and consistency in the reporting of these events. The Special Operations Division shall review use of force packages.

#### 505.19 Emergencies

Whenever in the opinion of the Commissioner or designee, an emergency exists which requires suspension of all or part of the 103 CMR 505.00, he/she may order such suspension.

#### 505.20 Responsible Staff

The Director of the Special Operations Division shall be responsible for implementing 103 CMR 505.00 throughout the Department. Each superintendent and Special Unit Director shall be responsible for implementing and monitoring 103 CMR 505.00 within the institution or unit, and for the development of necessary and appropriate procedures as required, which shall be reviewed and signed-off by the reviewing authority.

#### 505.21 Annual Review

103 CMR 505.00 shall be reviewed annually by the Commissioner or a designee. The party or parties conducting the review shall submit a memorandum indicating that the review has been completed. A copy of this memorandum shall be filed in the Department's Central Policy File. Recommendations for revisions, additions, or deletions shall be included.

#### 505.22 Severability Clause

If any article, section, subsection, sentence, clause or phrase of these regulations is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner, or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of 103 CMR 505.00

#### REGULATORY AUTHORITY

103 CMR 505.00 M.G.L. c. 124, §§1(b), (c), and (q); c. 127, s. 33.

**Attachment A**

**USE OF CHEMICAL AGENTS**

**Inmate Name:** \_\_\_\_\_ **Commitment #:** \_\_\_\_\_

An affirmative response to any of the following shall constitute a contraindication for the use of chemical agents:

YES \_\_\_\_\_ NO \_\_\_\_\_ Asthma or Cardio Obstructive Pulmonary Disease

YES \_\_\_\_\_ NO \_\_\_\_\_ Current acute respiratory infection (i.e., bronchitis, pneumonia).

YES \_\_\_\_\_ NO \_\_\_\_\_ Significant heart disease manifested by frequent angina or recent Myocardial Infarction.

YES \_\_\_\_\_ NO \_\_\_\_\_ Recent hospitalization or medical condition that would preclude the use of force or chemical agent.

YES \_\_\_\_\_ NO \_\_\_\_\_ Open skin lesion or burns

YES \_\_\_\_\_ NO \_\_\_\_\_ Other, please specify below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approving Medical Director's Name (PRINT)

\_\_\_\_\_  
Director's Signature Date Time

**\*\*\*\*\* All questions must be answered.**

**Attachment B**

**Mental Health Review**

**(To be completed after each eight (8) hours the inmate is restrained.)**

**Facility:**\_\_\_\_\_

**A member of the Mental Health Staff has reviewed the current mental health status of inmate:\_\_\_\_\_ Commitment # \_\_\_\_\_and found no apparent contraindication for continuation of restraints.**

**Comments:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Mental Health Staff are off duty, the onsite medical staff person in charge shall consult with the on call Mental Health staff member regarding possible contraindications.**

**Mental Health Staff (name):\_\_\_\_\_ Title:\_\_\_\_\_**  
**Time and date contacted:\_\_\_\_\_**

\_\_\_\_\_  
**Printed name of Mental Health Staff or  
Medical Staff Member (After Hours)**

\_\_\_\_\_  
**Signature of Mental Health Staff or  
Medical Staff Member (After Hours)**

**Date:\_\_\_\_\_ Time:\_\_\_\_\_**



Massachusetts Department of Correction  
**Use of Force Reporting Form**  
**FORM 505-1** (Revised February 2015)  
in accordance with 103 CMR 505 – Use of Force



		Use of Force Pkg #	
Institution:		Date of Incident:	
Location of Use of Force:	Gen. Pop <input type="checkbox"/> SMU <input type="checkbox"/> HSU <input type="checkbox"/> DDU <input type="checkbox"/> STU <input type="checkbox"/> Other <input type="checkbox"/>	Time of Incident:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Inmate Name:		Commitment No:	
Race:	White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Other <input type="checkbox"/>	Date:	
Duty Station Notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Were other inmates involved in altercation? Yes ☐ No ☐

Name	Commitment No:	Use of Force as to Inmate?	Use of Force Pkg #
1		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3		Yes <input type="checkbox"/> No <input type="checkbox"/>	
4		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Use of Force Type:	Spontaneous <input type="checkbox"/> Planned <input type="checkbox"/> If planned, was inmate warned of force? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chemical Agent Utilized	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, was inmate warned Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete Attachment A		Authorized by:
			Deployed by:
			Certification Date:
Was Chemical Agent the only Use of Force	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemical agent Type	OC <input type="checkbox"/> CS <input type="checkbox"/> If OC, was the inmate offered a shower Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Video utilized:	Surveillance Video <input type="checkbox"/> Extraction Team Video <input type="checkbox"/>  No Video taken <input type="checkbox"/> Camera Malfunction <input type="checkbox"/> Not Covered by Surveillance <input type="checkbox"/> Other <input type="checkbox"/>  If Other chosen explain:	Does Video Depict the Actual Use of Force?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Does Video Depict Before or After the Incident?  Yes <input type="checkbox"/> No <input type="checkbox"/>
If Available Was Video Shown During Debriefing	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Explain Why:	
Was Video sent to SOD	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Date submitted:	

Restraints:			
Cuffs: <input type="checkbox"/> Leg Irons: <input type="checkbox"/> Waist Chains: <input type="checkbox"/> None: <input type="checkbox"/>	Time Restraints Applied: Time Restraints Removed: Total Hours: _      Minutes:		
4 Point Restraints Utilized: Yes <input type="checkbox"/> No <input type="checkbox"/>  4 Point Soft Posey <input type="checkbox"/> 4 Point Metal Restraints <input type="checkbox"/> Security Restraint Chair <input type="checkbox"/> 4 Point Humane Restraint System <input type="checkbox"/> 5 <sup>th</sup> point utilized Yes <input type="checkbox"/> No <input type="checkbox"/> Thigh strap <input type="checkbox"/> chest strap <input type="checkbox"/>  Time Restraints Applied: Time Restraints Removed: Total Hours:      Minutes:  If Inmate could not be 4 pointed due to contraindication <i>complete Attachment D</i>	Restraints approved by: Restraints applied by: Security restraint chair requires appropriate Assistant Deputy Commissioner approval: <div style="text-align: right;">(name)</div>  4 Point Restraint checks    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>complete Attachment E</i>  Eyeball Watch    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>complete Attachment C</i>		
Were restraints applied for more than two hours: Yes <input type="checkbox"/> No <input type="checkbox"/>  Superintendent's approval: Yes <input type="checkbox"/> No <input type="checkbox"/>  Was inmate examined by medical staff every two hours: Yes <input type="checkbox"/> No <input type="checkbox"/>  Restraints applied to prevent Self-Injurious Behavior: Yes <input type="checkbox"/> No <input type="checkbox"/>  Mental Health staff notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Were restraints applied for more than eight hours: Yes <input type="checkbox"/> No <input type="checkbox"/>  Mental Health staff review: Yes <input type="checkbox"/> No <input type="checkbox"/> Attachment B completed: Yes <input type="checkbox"/> No <input type="checkbox"/>  If restraints remain for more than eight hours, the Superintendent must notify the appropriate assistant Deputy Commissioner Notification Occurred: Yes <input type="checkbox"/> No <input type="checkbox"/> Notified by:  Time of notification:		
K9:			
Was K9 used during use of force: Yes <input type="checkbox"/> No <input type="checkbox"/>  Handler:  Trained: Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorized By:  Time Commissioner was notified:  Notified By:  Total Hours:      Minutes:		
Firearms/Specialty Impact Devices:			
	Type:	Person:	Qualification Date:
Was Baton Utilized:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were SIMS Utilized:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were Firearms Utilized: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Authorized by:			

Was a Debriefing Held?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Who was involved in the Use of Force				
Name	Role (e.g. participant, witness, medical assessment, mental health assessment, other)	Title	Most Recent Use of Force Training (for Security Staff Only)	Participated in Debriefing
1				Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>
4				Yes <input type="checkbox"/> No <input type="checkbox"/>
5				Yes <input type="checkbox"/> No <input type="checkbox"/>

6				Yes <input type="checkbox"/> No <input type="checkbox"/>
7				Yes <input type="checkbox"/> No <input type="checkbox"/>
8				Yes <input type="checkbox"/> No <input type="checkbox"/>
9				Yes <input type="checkbox"/> No <input type="checkbox"/>
10				Yes <input type="checkbox"/> No <input type="checkbox"/>
11				Yes <input type="checkbox"/> No <input type="checkbox"/>
12				Yes <input type="checkbox"/> No <input type="checkbox"/>
13				Yes <input type="checkbox"/> No <input type="checkbox"/>
14				Yes <input type="checkbox"/> No <input type="checkbox"/>
15				Yes <input type="checkbox"/> No <input type="checkbox"/>

Inmate Actions:	
What behavior was the inmate exhibiting at time forced was utilized? ( <i>Check One</i> )	<input type="checkbox"/> Baseline (status quo, typical, normal etc) <input type="checkbox"/> Upset (Agitated, Disruptive, increase/decrease in baseline behavior etc.) <input type="checkbox"/> Angry (Non-compliant to directives/orders, verbal outbursts etc) <input type="checkbox"/> Out of Control (Self injurious, threats, destroying property etc)
At what level of the pyramid of force was the inmate at when forced was utilized? ( <i>Check One</i> )	(1)Compliant <input type="checkbox"/> (2)Passive resistance <input type="checkbox"/> (3)Active resistance <input type="checkbox"/> (4)Assaultive <input type="checkbox"/> (5)Assaultive with serious bodily injury <input type="checkbox"/>

Staff Response:	
Did involved staff use de-escalation techniques?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What de-escalation techniques did staff utilize?	Verbal Tactics <input type="checkbox"/> Request for assistance <input type="checkbox"/> Time and Space <input type="checkbox"/> Posturing <input type="checkbox"/> ( <i>check all applicable boxes</i> )
Do reports indicate what verbal commands, if any, staff gave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At what level of the force pyramid was staff's response? ( <i>include who initiated first physical contact</i> )	(3) Control and compliance <input type="checkbox"/> (4) Self defense/combatative <input type="checkbox"/> (5) lethal <input type="checkbox"/>
Was the staff's threat assessment based on current circumstances and context? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, explain:
Did other factors contribute to staff's threat assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:
Was the amount of force used proportionate to the need to use force? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, explain:

Outcomes:	
Injuries to Staff? Yes <input type="checkbox"/> No <input type="checkbox"/>  Nature of Injury: Serious <input type="checkbox"/> Non-Serious <input type="checkbox"/> Refused Treatment <input type="checkbox"/>	If Yes, explain how they occurred (seriousness, treatment required, able to remain on duty?)  <u>Serious injury</u> - A serious injury requires urgent and immediate medical treatment and restricts usual activity. Medical treatment should be more than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness etc.

<p>Injuries to Inmate? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Force Related <input type="checkbox"/></p> <p>Non-Force Related <input type="checkbox"/></p> <p>Unable to Determine <input type="checkbox"/></p> <p>Nature of Injury: Serious <input type="checkbox"/></p> <p>Non-Serious <input type="checkbox"/></p> <p>Refused Medical Examination <input type="checkbox"/></p> <p>Refused Treatment <input type="checkbox"/></p>	<p>If so, explain how they occurred (seriousness, level of medical response or treatment required?)</p> <p><u>Serious injury</u>- A serious injury requires urgent and immediate medical treatment and restricts usual activity. Medical treatment should be more than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness etc.</p>
<p>If the injury is serious in nature, has an updated post treatment report been made available?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Based on the Shift commander's Debriefing was corrective action recommended? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Recommend Counseling <input type="checkbox"/></p> <p>Recommend Refer To Training <input type="checkbox"/></p> <p>Refer To Internal Affairs <input type="checkbox"/></p> <p>Not applicable <input type="checkbox"/></p> <p>Other (describe below) <input type="checkbox"/></p>
<p><b>Documentation:</b></p>	
<p>All incident reports are written in Block Style writing format (introduction, Body, Conclusion)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If No, explain:</p>
<p>All Incident reports contain the basic elements:</p> <ul style="list-style-type: none"> <li>• Introduction- WHO, WHAT WHERE, WHEN</li> <li>• Body – HOW</li> <li>• Conclusion – ACTION TAKEN, WHY(if known)</li> </ul> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If No, explain:</p>
<p>All incident reports are complete, to include the staff persons observations, assessments and actions from the start of the incident (when a potential problem as first known) to the conclusion of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If No, explain:</p>

\_\_\_\_\_  
Shift Commander / Captain / Team Leader/Officer-in-Charge

\_\_\_\_\_  
Date



## OBSERVATION CHECK SHEET

NAME: \_\_\_\_\_ CELL \_\_\_\_\_

DATE \_\_\_\_\_

**COMMITMENT #** \_\_\_\_\_

[illegible]

**ALL NOTATIONS SHALL BE MADE AT 15 MIN INTERVALS, EACH ENTRY SHALL BE IN INK**

**Attachment D**

**USE OF FOUR POINT RESTRAINT CHECKLIST**

**Inmate Name:**\_\_\_\_\_

**Commitment #:**\_\_\_\_\_

The following checklist would constitute contraindications for the use of four-point security restraints:

**4 Point Soft Posey \_\_\_\_\_ Restraint Chair \_\_\_\_\_ 4 Point metal Restraints \_\_\_\_\_**

YES \_\_\_\_\_ NO \_\_\_\_\_ Extremity injury, fracture or wounds that would preclude the use of a restraint on that extremity

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation of significant peripheral vascular disease that would preclude the use of a restraint on that extremity.

YES \_\_\_\_\_ NO \_\_\_\_\_ Recent surgery or hospitalization that would preclude the use of restraints

YES \_\_\_\_\_ NO \_\_\_\_\_ Significant heart disease manifested by frequent angina or recent MI

YES \_\_\_\_\_ NO \_\_\_\_\_ Are there any contraindications for the use of four-point restraints

\_\_\_\_\_  
Approving Physician's Name (PRINT)

\_\_\_\_\_  
Medical Staff Completing Form (PRINT) Date and Time

\_\_\_\_\_  
Signature

**\*\*\*\*\* All questions must be answered.**

## Attachment E

## FOUR POINT RESTRAINT MEDICAL EXAMINATION CHECKLIST

## TYPE RESTRAINTS UTILIZED

**4 Point Soft Posey Restraints** \_\_\_\_\_ **4 Point metal Restraints** \_\_\_\_\_ **Security Restraint Chair** \_\_\_\_\_

**Inmate Name:**\_\_\_\_\_ **Commitment #:**\_\_\_\_\_

ORDERED BY \_\_\_\_\_  
( PRINT )

DATE STARTED \_\_\_\_\_ TIME STARTED \_\_\_\_\_

DATE ENDED \_\_\_\_\_ TIME ENDED \_\_\_\_\_

[illegible]

**DEPARTMENT OF CORRECTION**  
**STANDARD OPERATING PROCEDURES**

**ATTACHMENT TO 103 CMR 505 USE OF FORCE**

**PYRAMID OF FORCE**

**PURPOSE**

Establish standard operating guidelines on which staff can rely with regard which to the appropriate use of force in a given situation. This pyramid of force is an attempt to provide staff with the necessary knowledge to address most situations they might face while they work with the inmate population. It is impossible to plan for every incident that may occur within a correctional environment, but a standardized response to a categorized threat helps staff to do their jobs in a professional and safe manner.

**APPLICABILITY**

This Attachment to 103 CMR 505 Use of Force is applicable to all employees of the Massachusetts Department of Correction.

**PYRAMID OF FORCE**

The purpose of utilizing a pyramid of force is to provide the information necessary for staff to do their jobs when they are confronted with a problem involving an inmate. It is recognized that the vast majority of encounters that occur within a correctional environment between staff and inmates are positive, and inmates for the most part are cooperative. It is also recognized that prisons can be confrontational environments, and as such staff need to be constantly alert and prepared to address any situation that may arise.

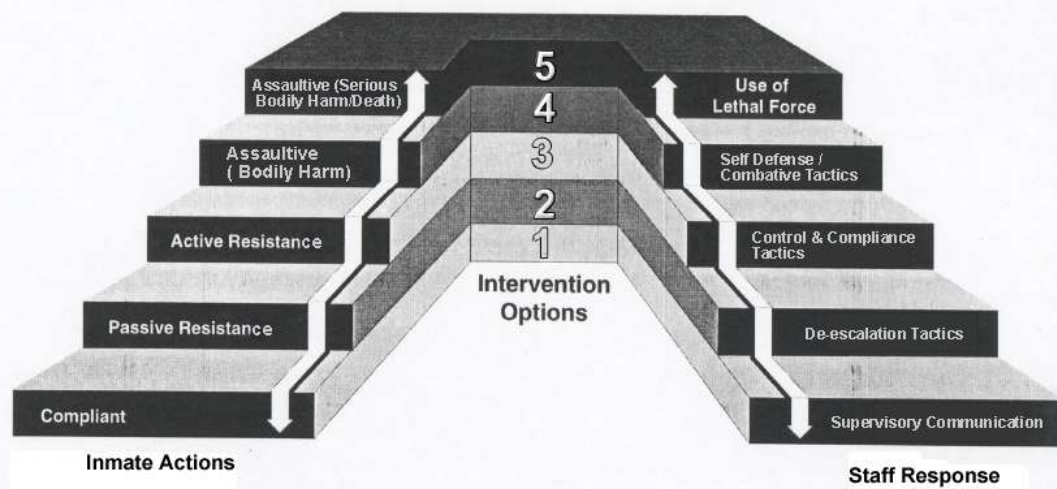
The assessment of risk that is made each day by correctional staff is critically important to their safety and security and to all those that work and live within the facility. It is also the primary factor in determining the appropriate force utilization when a situation does present itself. Understanding this assessment of risk allows the staff member to determine the most "balanced" response in order to respond appropriately to events that occur.

While each person's reasonable threat perception depends on a variety of factors, most importantly the current circumstances and context even when threatened an employee must be permitted to use force under 505.07(2) and if force is used it must be proportionate to the threat presented and reasonable force (the amount necessary to carry out the permitted purpose for using force).

The following represents a pyramid of force that may be used when dealing with inmates:

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## Use of Force Model Pyramid of Force



## LEVEL 1 INTERVENTION: COMPLIANT

### OVERVIEW

At this level in the Use of Force continuum, the quality of staff/offender interaction has a direct impact on establishing an environment conducive to the offender's cooperation and compliance. Good supervision and interpersonal communication skills support the ability to manage behavior proactively and promote a safe and secure environment for staff and offender.

**Inmate Action-** These are the normal periods when inmates are cooperative and compliant with all rules and obey all of the lawful commands or orders of the officer.

**Employee Action** - The employee is assigned to a post or work assignment that brings them in close proximity to the inmate population. The officer utilizes all of the skills learned during their respective training especially in the area of supervision and communication. The mere presence of the employee establishes control over the inmate population.

### CASE SCENARIO

**Inmate Action:** An inmate arrives at chow late. He is cooperative in explaining the reason for being late and compliant to all directives from the officer.

#### **Staff Action:**

- 1) **Observe and Assess:** Assess the inmate's behavior and appearance within the context of the chow hall procedures and draw possible inferences. If the situation seems strange, it probably is.
  - a) *E.g, stragglers trying to stay out of the crowd.*
- 2) **Questioning:** Use questioning techniques to elicit information in a tactful manner. Allow the inmate to identify and interpret the problem as a violation of chow hall procedures and not a personal challenge to you or other staff.
  - a) *Officer: "Why are you late for chow?"*
  - b) *Inmate: "I had to talk to the Unit Sergeant about my property"*
- 3) **Responding:** Respond with clear direction and expectations:
  - a) *Officer: "You need to follow the chow hall procedures, there are other opportunities to address property issues." (remember the inmate is cooperative and compliant)*
  - b) *Inmate: "Yes sir."*
- 4) **Follow up:** Check into the accuracy of the information and reinforce expectations and accountability:
  - a) *Officer: "I'll check with the Unit Sergeant to verify your*

*explanation. If it checks out, then we'll consider this an isolated incident. Any future violations of this nature may result in disciplinary action."*

*b) Inmate: "Yes sir."*

**5) Documentation:** Follow appropriate reporting requirements:

*a) E.g., Unit Log entry.*

## **LEVEL 2 INTERVENTION: PASSIVE RESISTANCE**

### **OVERVIEW**

When an inmate is passively resisting his/her goal is often to disrupt the flow of daily operations and routines. He/She is often providing resistance towards a principle, rule, or infraction without a threat to do bodily harm.

At this level in the Use of Force continuum, de-escalation techniques are the most effective and widely used intervention to gain control and compliance, which result in low-end resolution with minimal chance of escalation of a situation into a use of force.

**Inmate Action-** The inmate may offer some level of non-compliance and may be confrontational (the inmate's degree of noncompliance is absent any physical threat).

**Employee Action** - This is the first instance of non-compliance encountered by the employee. The employee shall use methods of de-escalating a conflict whenever feasible to gain control and cooperation of the inmate. Basic de-escalation guidelines include both verbal, non-verbal tactics, as well as employee presence. Hands-on tactics during these encounters should be minimal and designed to guide, direct, or escort an inmate.

### **STEPS/GUIDELINES**

Verbal direction and interaction is the most effective and widely used tool a correction officer has to accomplish the job. Success in gaining compliance, or conversely, the escalation of a situation into a use of physical force, can often be attributed to the officer's use or non-use of verbal skills.

#### **Principles of verbal tactics:**

- Acknowledge feelings, but deal with observable behavior.
- Focus on restoring cognitive thinking and the ability to make rational decisions, instead of being controlled by emotion.
- Maintain control of yourself and the situation.
- Know what you are trying to accomplish and how to do it.

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- Assess the situation and determine where the offender falls in the behavior sequence of Baseline, Upset, Angry, or Out of Control.

If the offender is UPSET, you will use the *Tactical Questioning* techniques:

1. Isolate the offender and tactfully address his/her specific behavior.
2. Let the offender identify and interpret the problem.
3. Employ active listening and verbal mirroring.
4. Ask the offender what he/she is doing about the issue.
5. Have offender identify other resolution options.
6. Establish accountability with the offender by restating the option he/she selected.

### **CASE SCENARIO**

**Inmate Action:** An inmate arrives at chow late then refuses to leave when the chow hall closes. He offers no other resistance other than not leaving and not complying with the officer's order to place his/her hands behind his/her back. When an officer assists the inmate into the correct position to place restraints on him/her, the inmate offers no physical resistance to prevent the restraints from being applied.

### **Officer Action:**

- 1) **Isolate and Address:** Isolate the inmate and address the observed behavior:
  - a) *"Why are you refusing to leave the chow hall."*
- 2) **Options:** If uncooperative, give two options: one negative (results of non-compliance) and one positive (desired behavior):
  - a) *"If you refuse to return to your unit, a direct order will be issued, and immediate compliance is expected with disciplinary action to follow if you do not comply."*
  - b) *"If you leave the Chow Hall and return to your unit immediately."*
- 3) **Staff Presence:** If no immediate compliance occurs, contact supervisor and request additional support. Continue verbal communication throughout to gain compliance.
- 4) **Isolate and Contain:** Isolate and contain as best as possible and do not act until additional support has arrived. Allow a reasonable amount of time to give the inmate a reasonable opportunity to comply.
- 5) **Teamwork:** Work as a team to tactically control and secure with restraints.
- 6) **Restraints:** Once inmate is secured in restraints, escort him/her to a designated location. Once the inmate has exhibited through his/her actions or statements that he/she will not resume the behavior which resulted in **the application of restraints**, remove the restraints utilizing standard protocols.



**7) Documentation and Accountability:** Follow appropriate reporting requirements and disciplinary action.

*(Refer to Appendix III "De-escalation Techniques" for additional reference guidelines)*

### **LEVEL 3 INTERVENTION: ACTIVE RESISTANCE**

#### **OVERVIEW**

Assessment at this level recognizes **that** there is a threat associated with the inmate's behavior and or words indicating the potential for violence. Where the inmate's perceived intent is only to escape control by using defensive type measures (*e.g., running around a unit to prevent restraints from being applied*). This action is not to be confused with an actual attempt to escape. It only refers to situations within the confines of a facility.

At this level in the Use of Force continuum, staff should initiate emergency response procedures and not attempt to physically resolve the situation by themselves. Maintain an observatory role until responders arrive utilizing de-escalation techniques. During these encounters, use of force options may include the use of chemical agents and control and compliance tactics.

**Inmate Action-** At this level the inmate's non-compliance has become more active in scope and intensity. Although the inmate has not physically assaulted an employee there is a physical threat associated with the behavior. This threat could take the form of words or body language that demonstrates a potential for future violence.

**Employee Action -** The employee first employs de-escalation techniques. If those techniques fail the employ may use compliance techniques to gain control of the inmate including the application of restraints. During this process the employee remains increasingly vigilant for more aggressive behavior from the inmate. Depending on the circumstances the employee may utilize a variety of tactics including the use of OC spray. Under normal circumstances an inmate should be warned that chemical agents may be utilized.

If the individual is **ANGRY**, employ powerful directives. The five elements of a powerful directive are:

1. Keep it clear and simple. Use the rule of five (5 simple words):  
*E.g., "Step out of the dayroom."*
2. If no immediate compliance, give two options: one negative (results of

non-compliance) and one positive (desired behavior):

*E.g. "Return to your cell or return to your seat."*

- Offer options you can enforce. If you do not have the authority to put someone in segregation, then it is not an option. Calling someone who has that authority then becomes an option.
  - Always state the desired option last. The last statement a person hears has more impact on the decision.
  - Keep options reasonable and within policy. Always use due process when imposing sanctions.
3. If the situation allows, give reasonable time and space for the offender to make a choice.
  4. Structure your statements and actions so that it is the offender against policy, not the offender against you or other staff.

If the offender is OUT OF CONTROL, he/she may not respond to directives, and there is an increased risk of assault on staff or other offenders. In this state, the cognitive chain is broken.

Out of control falls into two modes (**Predatory & Affective**):

- **Predatory** behavior is the result of conscious choice to be non-compliant, resistive, or prone to assault. It is marked by a lack of emotion.
- **Affective** behavior is animated and emotional. It carries with it extreme anaerobic output. In looking at the anaerobic outline and understanding the process, the effectiveness of verbal communication is increased when the affective behavior is in the depletion or rest cycle.

The basic responses to OUT OF CONTROL behavior (Safety First):

1. Give space. The offender may attack without warning.  
Display a lack of threat by:
  - Open hands
  - Nodding head
  - Break eye contact
  - Back away at an angle
2. Make notification. The offender's adrenaline will likely make him or her very difficult to restrain.
3. Isolate and contain to eliminate access to weapons or allies.

### **CASE SCENARIO**

**Inmate Action:** An inmate arrives at chow late, then refuses to leave when the chow hall closes. He offers no other resistance other than not leaving. When an officer attempts to place restraints on him he refuses to allow his arm to be restrained by holding on to the table and

reasonable force is required to position his arm into the correct position for tactical placement of restraints. At no time does the inmate attempt to grab or strike anyone.

**Officer Action:**

**1) Initiate Emergency Response:**

- a) Assess the Scene (Safety)*
- b) Notification*
- c) Isolate and Contain*
- d) Gather Information*
- e) Direct/Update Responders*

**2) Facilitate Emergency Response:** Don't rush the action. Show force through increased staff presence and allow the increased presence to have its intended effect. Consider use of force options to gain compliance:

- a) Continue de-escalation intervention techniques (remember no physical threat associated with behavior);*
- b) If chemical agents (OC spray) is available, then consider as a show of force;*
- c) Develop response plan to gain compliance and secure in restraints;*
- d) Communicate your intentions to the inmate before initiating action.*

**3) Control and Compliance Tactics:** The desired outcome is to secure the inmate in restraints while using only the reasonable-amount of force necessary:

- a) Use standard handcuffing protocols, while controlling the arms and applying joint and pain compliance tactics (wrist, elbow, thumb, fingers, etc.) to apply restraints.*

**4) Restraints:** Once inmate is secured in restraints, escort him/her to a designated location. Once the inmate has exhibited through his/her actions or statements that he/she will not resume the behavior which resulted in the application of restraints, remove the restraints utilizing standard protocols.

**5) Documentation and Accountability:** Follow appropriate reporting requirements for use of force and disciplinary action.

*(Refer to Appendix III "De-escalation Techniques" and Appendix IV "Use of Force - Control and Compliance Tactics" for additional reference guidelines)*

**LEVEL 4 INTERVENTION: ASSAULT (BODILY HARM)**

**OVERVIEW**

Threat at this level is based on the inmate's aggressive behavior which includes force or violence directed toward a staff member, and/or a staff member's apprehension of immediate physical harm. It is an

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attempt to cause injury to you or others, while the inmate is resisting, with or without verbal threats. However, verbal threats alone are not enough. The inmate must take some actual, outward, physical action to carry out the assault.

At this level in the Use of Force continuum, staff safety is of heightened concern and immediate defensive actions are appropriate. Staff should initiate emergency response procedures and follow the de-escalation techniques for out of control behavior by the inmate if possible until additional support is present. During these encounters, use of force options may include tactical equipment (chemical agents, specialty impact munitions, protective equipment, etc.) and self-defense/combatative tactics.

**Inmate Action-** The employee's attempt to gain compliance has been met with active, non-compliance culminating in an assault of the employee or others. It is the reasonable assessment that this attack could lead to injury but not to a serious level of bodily harm.

**Employee Action -** The employee is justified in taking appropriate steps to immediately cease the assault and to gain compliance. The type of force utilized is sufficient to maintain control over the inmate and may include chemical agents, hand strikes and takedown techniques.

## **CASE SCENARIO**

**Inmate Action:** An inmate arrives at chow late, then refuses to leave when the chow hall closes. The inmate offers no other resistance other than not leaving. When an officer attempts to place restraints on the inmate, the inmate refuses to allow his/her arm to be restrained and jumps to his/her feet and takes a fighting type stance. The inmate then assaults staff.

### **Officer(s) Action:**

#### **1) Initiate Emergency Response:**

- a) *Assess the Scene (Safety)*
- b) *Notification*
- c) *Isolate and Contain*
- d) *Gather Information*
- e) *Direct/Update Responders*

#### **2) De-escalation Techniques - Out of Control Behavior:**

- a) *Give space. The offender may attack without warning.*
- b) *Issue a powerful directive:*
  - i) *"Get down on the floor, place your hands behind your back."*
- c) *Display a lack of threat by:*
  - i) *Opening hands*
  - ii) *Nodding head*
  - iii) *Breaking eye contact*

iv) **Backing** away at an angle

**3) Tactical Equipment, Self Defense/Combative Tactics:**

- a) Utilize self defense and combative tactics (blocks, strikes, kicks, etc.) to defend yourself against attacker(s) until responding staff arrive;
- b) Responders work as a team to gain control and compliance of the inmate(s) using the following use of force options:
  - i) Chemical agents - OC spray
  - ii) Specialty Impact Munitions
  - iii) Protective Equipment (Extraction)
  - iv) Takedown Tactics - Implement a variety of takedown techniques to direct/guide the inmate to the floor as soon as possible. Take away his/her advantage by wrapping up the arms, using your body weight to assist in controlling the individual.

**4) Control and Compliance Tactics:** The desired outcome is to secure the inmate in restraints while using only the reasonable amount of force necessary.

- a) Use standard handcuffing protocols, while controlling the arms and applying joint and pain compliance tactics (wrist, elbow, thumb, fingers, etc.) to apply restraints.

**5) Restraints:** Once the inmate is secured in restraints, escort him/her to a designated location. Once the inmate has exhibited through his/her actions or statements that he/she will not resume the behavior which resulted in his/her being restrained, remove the restraints utilizing standard protocols.

**6) Documentation and Accountability:** Follow appropriate reporting requirements for use of force and disciplinary action.

(Refer to Appendix IV "Use of Force - Control and Compliance Tactics; Appendix V "Use of Force - Self Defense/Combative Tactics" for additional reference guidelines)

**LEVEL 5 INTERVENTION: ASSAULT (SERIOUS BODILY HARM OR DEATH)**

**OVERVIEW**

The assessment at this level is that the staff member has concluded that the inmate has the opportunity and intent to inflict serious bodily harm or death on staff or others. The inmate's assaultive behavior may involve preplanned attacks using weapons or tactics that are highly dangerous.

At this level in the Use of Force continuum, preservation of life is a priority requiring an increased level of response that may include the use of force that is lethal. Staff should initiate emergency response procedures with emphasis on maintaining a safe distance and isolation and containment strategies. Follow the de-escalation - out of control

techniques until additional support is present. During these encounters, use of force options may include tactical equipment (chemical agents, specialty impact munitions, protective equipment, etc.) and self-defense/combatative tactics. The use of firearms may be used only when all other means have failed, unless an emergency exists that requires immediate use.

**Inmate Action-** This category represents the least encountered yet most serious risk to employee safety. The employee concludes that death or serious bodily injury might result from the inmate's action. The employee reasonably perceives that the inmate has the opportunity, ability, and intent to cause serious bodily harm and/or death.

**Employee Action -** The employee is now confronted with physical assault that reaches the ultimate degree of danger. Absolute and immediate tactics must be deployed to stop the lethal risk and secure compliance and control. Force options could include those leading to permanent debilitation and even death.

## **CASE SCENARIO**

**Inmate Action:** An inmate arrives at chow late then refuses to leave when the chow hall closes. He offers no other resistance other than not leaving and not complying with staff directives. When an officer attempts to place restraints on him, he refuses to allow his arm to be restrained and jumps to his feet and pulls a concealed shank type weapon and begins attacking the officer.

### **Officer(s) Action:**

#### **1) Initiate Emergency Response:**

- a) *Assess the Scene (Safety)*
- b) *Notification*
- c) *Isolate and Contain*
- d) *Gather Information*
- e) *Direct/Update Responders*

#### **2) De-escalation Techniques - Out of Control Behavior:**

- a) *Give space. The offender may attack without warning.*
- b) *Issue a powerful directive:*
  - i) *"Drop the weapon, get down on the floor, place your hands behind your back."*
- c) *Display a lack of threat by:*
  - i) *Opening hands*
  - ii) *Nodding head*
  - iii) *Breaking eye contact*
  - iv) *Backing away at an angle*

#### **3) Tactical Equipment, Self Defense/Combative Tactics:**

- a) *Utilize self defense and combative tactics (blocks, strikes, kicks,*

- etc.) and other available defense mechanisms to defend yourself against attacker(s) until responding staff arrive.*
- b) Commit to the mindset of doing whatever it takes to survive with 100% effort. This is not the time to worry about liability or injuring the attacker.*
  - c) Responders work as a team to gain control and compliance of the inmate using the following use of force options:*
    - i) Chemical agents - OC spray*
    - ii) Specialty Impact Munitions*
    - iii) Protective Equipment (Extraction)*
    - iv) Takedown Tactics - Implement a variety of takedown techniques to direct/guide the inmate to the floor as soon as possible. Take away their advantage by wrapping up the arms, using your body weight to assist in controlling the individual.*
    - v) Use of firearms may be used only when all other less lethal means of force have been attempted or are not practicable.*
- 4) Control and Compliance Tactics:** The desired outcome is to secure the inmate in restraints while using only the reasonable amount of force necessary.
- a) Use standard handcuffing protocols while controlling the arms and applying joint and pain compliance tactics (wrist, elbow, thumb, fingers, etc.) to apply restraints.*
- 5) Restraints:** Once the inmate is secured in restraints, escort him/her to a designated location. Once the inmate has exhibited through his/her actions or statements that he/she will not resume the behavior which resulted in being restrained, remove the restraints utilizing standard protocols.
- 6) Documentation and Accountability:** Follow appropriate reporting requirements for use of force and disciplinary action.

## **APPENDIX I: "SUPERVISION OF INMATES"**

### **STEPS/GUIDELINES**

#### **1. Consciously observe and assess what you see:**

- Do not simply go through the motions
- Concentrate on what you are observing
- Evaluate situations in a correctional context

#### **2. Know what to look for:**

- Inordinate tension or nervousness by individuals or groups
- Information in pass down
- Off baseline non-verbal actions
- Offender actions that may indicate medical or mental health problems (i.e., suicide)
- Unusual groupings
- Over or under-dressing for the circumstance (e.g., layered clothing or heavy jackets on a warm day)
- Hostile body language
- Bulging clothing or attempts to hide contraband
- Stragglers who are waiting for someone or trying to stay out of the crowd

#### **3. Be methodical in your observation and movement:**

- Be conscious of where offenders are coming from and going to.
- Position yourself so you can visually search them as they approach you, and visually search them as they walk past and away from you (front, side, back).
- Move about within your zone of control. This will change your view of the situation and offenders.
- Look at what the offenders are looking at; they know what is going to happen if something is planned.
- To facilitate the broadest possible coverage, do not watch the same people, areas or activities your partner is watching.

#### **4. Use your peripheral vision for personal safety and your focal vision for observation:**

- Your peripheral vision asks "Where is it?" triggering the reflex system that allows a quick automatic response to visual input (e.g. ducking or blocking when you are swung at).
- Your focal vision asks, "What is it?" This allows you to focus on the visual details of the circumstance.
- If a situation seems wrong or strange, it probably is.

#### **5. Follow up on your suspicions or concerns. If an individual is acting suspiciously, call and wait for backup, then direct them to stand for search. This will allow opportunity to check for:**

- Contraband
- Inordinately hostile attitude toward staff



- Use of drugs or alcohol
- Information about offender attitudes, condition or activities

## **APPENDIX II: "INTERPERSONAL COMMUNICATION"**

### **STEPS/GUIDELINES**

As a correctional professional you are in a position to influence the well-being of offenders. By making yourself approachable, accessible, and responsive to offenders, you begin to establish mutual respect that leads to a safe and secure environment for both staff and offenders.

- Monitor activities and be accessible.
- Assess whether or not situation requires your involvement or the involvement of other staff (i.e., medical, mental health, supervisor, etc.).
- Clarify nature of questions or requests for information.
- Respond with:
  - ⇒ Constructive answers
  - ⇒ Accurate information
  - ⇒ Facts and options
  - ⇒ Clear directions and expectations
- Direct offender to appropriate resources (i.e. policy, staff, offender hand book).
- Follow up on offender issues within a reasonable time frame.
- Document, if necessary.

### **DEFINITIONS**

**Positioning** means putting yourself in the best possible place to see and hear individuals or groups. Safety First.

- 3 parts of Positioning- 1) Distancing, 2) Facing, 3) Looking Directly

**Posturing** means holding your body in a way that shows strength, confidence, interest, and control.

- 3 parts of Posturing- 1) standing erect; 2) eliminating distracting behavior; 3) inclining forward

**Observing** means the ability to notice and understand inmate appearances, behavior, and environment. Careful observation tells you a lot of what you need to know about an inmate's feeling and issues.

- 4 steps to observing- 1) looking at behavior, appearance, and environment; 2) drawing inferences, 3) determining normal or abnormal, 4) deciding trouble.

**Listening** means the ability to hear and understand what it is an inmate is saying. Listening allows you to hear the danger signals.

- 4 parts to Listening- 1) suspend judgment; 2) listen for key words; 3) identify intensity; 4) detect mood

**Responding** means showing clear reaction to something to give evidence that you have listened.

- 1) identify content;, 2) identify feeling; 3) identify meaning;

### **APPENDIX III: "DE-ESCALATION TECHNIQUES"**

#### Philosophy

The Department requires by regulation that staff be trained in methods of de-escalating a conflict whenever feasible and that staff should only use force as a last resort in resolving any conflict. De-escalation techniques may prevent injuries to staff and inmates.

#### **STEPS/GUIDELINES**

Verbal direction and interaction is the most effective and widely used tool a correction officer has to accomplish the job. Success in gaining compliance, or conversely, the escalation of a situation into a use of physical force, can often be attributed to the officer's use or non-use of verbal skills.

#### **Principles of verbal tactics:**

- Acknowledge feelings, but deal with observable behavior.
- Focus on restoring cognitive thinking and the ability to make rational decisions, instead of being controlled by emotion.
- Maintain control of yourself and the situation.
- Know what you are trying to accomplish and how to do it.
- Assess the situation and determine where the offender falls in the behavior sequence of Baseline, Upset, Angry, or Out of Control.

If the offender is UPSET, you will use the *Tactical Questioning* techniques:

7. Isolate the offender and tactfully address his/her specific behavior.
8. Let the offender identify and interpret the problem.
9. Employ active listening and verbal mirroring.
10. Ask the offender what he/she is doing about the issue.
11. Have offender identify other resolution options.
12. Establish accountability with the offender by restating the option he/she selected.

If the individual is ANGRY, employ powerful directives. The five elements of a powerful directive are:

5. Keep it clear and simple. Use the rule of five (5 simple words):  
*E.g., "Step out of the dayroom."*
6. If no immediate compliance, give two options: one negative (results of non-compliance) and one positive (desired behavior):  
*E.g. "Return to your cell or return to your seat."*
  - Offer options you can enforce. If you do not have the authority to put someone in segregation, then it is not an option. Calling someone who has that authority then becomes an option.
  - Always state the desired option last. The last statement a person hears has more impact on the decision.

- Keep options reasonable and within policy. Always use due process when imposing sanctions.
7. If the situation allows, give reasonable time and space for the offender to make a choice.
  8. Structure your statements and actions so that it is the offender against policy, not the offender against you or other staff.

If the offender is OUT OF CONTROL, he/she may not respond to directives, and there is an increased risk of assault on staff or other offenders. In this state, the cognitive chain is broken.

Out of control falls into two modes (**Predatory & Affective**):

- Predatory behavior is the result of conscious choice to be non-compliant, resistive, or prone to assault. It is marked by a lack of emotion.
- Affective behavior is animated and emotional. It carries with it extreme anaerobic output. In looking at the anaerobic outline and understanding the process, the effectiveness of verbal communication is increased when the affective behavior is in the depletion or rest cycle.

The basic responses to OUT OF CONTROL behavior (Safety First):

1. Give space. The offender may attack without warning.  
Display a lack of threat by:
  - Open hands
  - Nodding head
  - **Breaking** eye contact
  - Backing away at an angle
2. Make notification. The offender's adrenaline will likely make him or her very difficult to restrain.
3. Isolate and contain to eliminate access to weapons or allies.

Follow up with appropriate reports and documentation for the situation.

## **APPENDIX IV "USE OF FORCE - CONTROL AND COMPLIANCE TACTICS"**

### **FORCE**

The use of physical power. The use of a weapon, a chemical agent, specialty impact device or instrument of restraint to compel, restrain, or otherwise subdue a person.

### **REASONABLE FORCE**

The use of physical power, a weapon, a chemical agent, specialty impact device, or instrument of restraint applying only the reasonable amount of force necessary in a manner to carry out the actions listed in 505.07 (2) (a-j).

### **CONTROL AND COMPLIANCE TECHNIQUES**

A series of joint locks, body positioning, pain compliance, and weight distribution techniques approved by the Department for use to assist in effecting arrest, gain compliance, or control.

### **STEPS/GUIDELINES**

- Do not handle the situation alone. Do not rush in. Not every incident lends itself to this luxury, but if possible work in coordination with other staff.
- Have a plan. Assign responsibilities and utilize staff where they would be the most effective.
- Communicate. During emergency response situations, do not forget to communicate with other staff. Tell responders what assistance you may need, inform them of potential hazards, and direct them where they can be the most effective. Direct the inmate what you want them to do.
- Direct/guide the inmate to the floor as soon as possible. Take away his/her advantage by wrapping up the arms, using your body weight to assist in controlling the individual.
- Work smarter, not harder. Use what you have learned. Look for openings to apply joint locks to immobilize, (e.g., fingers, thumbs, wrists, elbows.) Use chemical agent to disorient.
- Once inmate is secure in restraints, prevent positional asphyxia, provide medical care, decontaminate inmate if chemical is used, and escort to designated location.
- Once inmate is secured in restraints, escort to designated location, remove restraints utilizing standard protocols once the inmate has exhibited through actions or statements not to resume the behavior which resulted in being restrained.

### **Basic Control and Compliance Tactics:**

- Inside Wrist Lock (thumb, fingers included)
- Outside Wrist Lock (thumb, fingers included)
- Shoulder Lock (elbow, wrist, thumb, fingers included)
- Inverted Gooseneck/Inverted Gooseneck Come-a-Long (shoulder, elbow, wrist, thumb, fingers included)

February 20, 2015

## ***APPENDIX V "USE OF FORCE - SELF DEFENSE/COMBATIVE TACTICS"***

### **PHYSICAL FORCE**

The use of physical power or will against another to effect arrest, gain compliance or control.

### **SELF-DEFENSE/COMBATIVE TECHNIQUES**

We live in an imperfect world. The best of intentions, combined with the best practices in certain situations, may be ineffective against an individual who is determined to cause you bodily harm or even death. In these instances, combative measures may be the only avenue you have to prevent such an outcome. The ability **of** an employee to defend himself/herself is paramount. These measures incorporate strikes, kicks, blocks, releases, and takedowns, combined with surprise, speed, and commitment to action. Under these circumstances welfare of an opponent becomes secondary to your own and others.

### **STEPS/GUIDELINES**

- Balance. Both physically and mentally. Physical balance is a basic foundation in any defensive action. Techniques cannot be properly utilized and defensive blocks would be ineffective without proper balance. Mental Balance is the ability to block fear or anger from clouding your ability to react instinctively and decisively.
- Always attempt to maintain an advantageous position. During an attack try to move to a position that takes away the advantage or momentum from the attacker.
- During an assault try not to telegraph your movements. Surprise is your greatest advantage. Utilize countermeasures such as front kicks, palm heel strikes, or block-pass, pin-push, or blind side takedown.
- Commit to delivering techniques with 100% effort. This is not the time to worry about liability or injuring an opponent. Follow through with the knowledge that if you are incapacitated all control and security is lost.
- Attempt to strike soft target areas such as: eyes, nose, throat, chin, temple, floating ribs, groin, shins, and in-steps.
- Remain aware of the range of your opponent. Utilize only those measures effective at the ranges you are dealing with. At close range use elbows, knees, or foot. At arms' length use fists, palm heel, or finger poke. At extended range use front, side, and back kicks.
- Work smarter, not harder. Use chemical agents to disorient. Look for openings to apply joint locks to immobilize, (e.g., fingers, wrists, elbows, etc.)
- Once inmate is secure, prevent positional asphyxia, provide medical care, decontaminate inmate if chemical is used, and escort to designated location.
- Once inmate is secured in restraints, escort to designated location. Remove restraints utilizing standard protocols once the inmate has exhibited through actions or statements not to resume the behavior which resulted in being restrained.

**Basic Self-Defense/Combative Tactics:**

- 1) Strikes
  - a) Palm heel (open hand); Tiger Claw (open hand); Hammer Fist (closed fist); Four-Knuckle Punch (closed fist).
- 2) Kicks
  - a) Front Snap/Thrust Kick; Side Kick; Rear Kick; Foot Snap.
- 3) Releases, Blocks, Takedowns
  - a) Choke Release; Block-Pass-Push-Pin; Front/Rear Fall; Blindside Takedown

## *USE OF FORCE REVIEW*

All spontaneous use of force reports and forms submitted in accordance with 103 CMR 505.13 shall be jointly reviewed and screened by The Special Operations Division (SOD) and the Internal Affairs Unit (IAU). The review and screening shall include a review of all reports, memoranda, and video available. The review shall include but not be limited to consideration of what circumstances led to the use of force, if the use of force was appropriate and, if the amount of force used was the reasonable amount necessary. After review, if there is no indication of misconduct, or a violation of regulation or policy the matter may be cleared, closed, and filed upon agreement of the Director of Special Operations or a designee and the Chief of Internal Affairs or a designee.

Whenever a use of force incident involves a death, serious bodily injury, criminal investigation, misconduct identified by a Superintendent, or has not been approved, closed, and filed jointly by SOD and IAU, the incident shall be referred to the Joint Triage Committee together with all pertinent information.

The Joint Triage Committee shall consist of one representative from each of the following: Special Operations, Internal Affairs, Policy Development and Compliance, Staff Development, and the Superintendent, Director or designee. In order to act on a matter referred for triage, at least three Committee members shall be present

The Joint Triage Committee shall review referred matters in their entirety to determine whether the spontaneous use of force matter should be approved, closed, and filed, referred to the Deputy Commissioner of the Prison Division for corrective action, or referred for a full investigation by IAU. Misconduct unrelated to the UOF may be the subject of a separate investigation as determined by the Chief of IAU.

Whenever a UOF is approved for investigation, the investigator shall use the Director of SOD or a designee as a subject matter expert regarding the use of force in the conduct of the investigation (i.e. interview on the record).

All findings and conclusions made during review and screening, whether by the SOD, IAU, or the Joint Triage Meeting, shall be documented in writing.